

2014 SUMMER CAMP REGISTRATION FORM

SUMMER DAY CAMP AT DANIELS RUN/PROVIDENCE ELEMENTARY SCHOOL

RISEING 1ST - 4TH GRADERS Please refer to "Leisure Times" for full summer camp details.

CAMPER'S NAME

Date of Birth

Gender

		M F
Address	Grade in Fall 2014	City of Fairfax Resident?
		Yes No

GUARDIAN NAME

Email

Home Phone

Address	Cell Phone	Business Phone

2nd GUARDIAN NAME

Email

Home Phone

Address	Cell Phone	Business Phone



SUMMER DAY CAMP

(Time: 9:00am -3:00pm)

Please Choose Camp Site:

_____ DANIELS RUN Elementary School

_____ PROVIDENCE Elementary School

FULL SUMMER (6/30-8/15, no camp 7/4)	Session A (6/30-7/11, no camp 7/4)	Session B (7/14-7/25)	Session C (7/28-8/8)	Session D (8/11-8/15)
___\$770 or ___\$720 (Paying in Full at Registration by March 1 st)	___\$250	___\$280	___\$280	___\$145

EXTENDED DAY PROGRAM

	Full Summer	Week 1 6/30-7/3	Week 2 7/7-7/11	Week 3 7/14-7/18	Week 4 7/21-7/25	Week 5 7/28-8/1	Week 6 8/4-8/8	Week 7 8/11-8/15
AM Only (7am - 9am)	___\$440	___\$52	___\$65	___\$65	___\$65	___\$65	___\$65	___\$65
PM Only (3pm - 6pm)	___\$575	___\$68	___\$85	___\$85	___\$85	___\$85	___\$85	___\$85
BOTH AM & PM	___\$950	___\$110	___\$140	___\$140	___\$140	___\$140	___\$140	___\$140

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. Please check: ☐ YES ☐ NO

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation Department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook

Signed: _____ Printed: _____ Dated: _____

PAYMENT INFORMATION

___ Pay in Full ___ Payment Plan ___ Check ___ Cash ___ Credit

Late Fee: For those who chose payment plan there will be a 14 day grace period then a \$25 per week late fee will be incurred.

CREDIT CARD INFORMATION

Name as it appears on card: _____ Card type: ___ Visa ___ Mastercard ___ AmEx ___ Discover

Credit Card Number: _____ Expiration Date: ___/___/___ Security Code: _____

Signature _____

☐ **Auto Payment Plan** (I authorize the City of Fairfax to charge the credit card above for the amount due on my payment plan.) Initials _____

All Emergency Contact/Health History Forms must be completed and handed in before **June 27th 2014**.

Forms can be found on www.fairfaxva.gov/parksrec